

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/1/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>11-14-00</i>
FORMALITY REVIEW	<i>BT</i>	<i>293</i>	<i>12-05-00</i>
RESPONSE FORMALITY REVIEW	<i>MC</i>	<i>907</i>	<i>6-15-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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